

<b>Case Number:</b>	CM14-0160468		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old man sustained a work related injury on 03/19/2012. The injury occurred when he had finished bending down and was picking up some items. When he went to stand up and noticed pain in his low back. He continued to work for the next several days hoping pain would resolve on its own. Approximately three days later he experienced intense pain in the low back. According to a follow up visit for low back pain on 08/15/2014, the injured worker denied any new symptoms. He continued to have low back pain that was worse with prolonged standing and with bending at the waist. He also reported intermittent numbness in the lower extremity. Pain was rated a 3-4 on a scale of 0-10 with the use of Norco. Pain was rated a 6 on a day that he missed a dose. Standing and walking was more tolerated with Norco. Physical examination did not reveal any abnormal findings. Diagnoses included degeneration lumbar disc, sciatica and disorders of the sacrum. According to the provider a lumbar epidural steroid injection had been recommended, but the injured worker wishes to avoid all invasive procedures including surgery and spinal injections. He is also not able to attend a functional restoration program secondary to distance. He continues with conservative management of his pain including an exercise program and medications. He reported having improvement in pain and function with the use of Norco. According to the provider, the injured worker does have a medical marijuana license which he uses for sleep and pain. The injured worker was permanent and station with permanent disability. According to a treatment appeal from the provider dated 09/04/2014, previous treatments have included physical therapy, heat, ice and medications. A previous MRI of the lumbar spine showed disc bulge at L4-L5 with lateral recess stenosis. According to the provider,

a previous examination of the lower back revealed tenderness to palpation of the lower lumbar paraspinal muscles from the approximate levels of L4 through S1. There was guarding noted on lumbar flexion but it was tolerated to approximately 45 degrees. Extension was limited to 15 degrees. Lateral tilt to both the left and the right were somewhat painful and limited to 15 degrees. Straight leg raise test was grossly negative bilaterally. Deep tendon reflexes were 2+ in the patella and Achilles bilaterally. A UDS dated 04/11/2014 was positive for opioids and was consistent with the current prescription of Hydrocodone. The injured worker denied any side effects with the medication. There were no aberrant drug behaviors with his medication usage and administration. Laboratory results dated 04/04/2014 and 10/20/2014 was submitted for review and included a drug screening. According to progress notes submitted for review, the oldest progress note dated 02/14/2014 showed the injured worker's medication regimen included Norco, Naproxen and Pantoprazole. Gastrointestinal symptoms were reported at that time and included heartburn. On 09/23/2014, Utilization Review non-certified Hydrocodone 10/325mg #30 and modified the request for Pantoprazole 20mg #60. The authorization request was received on 09/16/2014. According to the Utilization Review physician with regards to Hydrocodone, the injured worker did not appear to be working and had refused epidurals in the past. The injured worker was using medical marijuana for pain and sleep, and marijuana is not accepted in the MTUS Guidelines. Regardless that it is medical marijuana, it implies risk of an addictive personality regardless of functional and pain score documentation. With regard to Pantoprazole, guidelines specifically recommend gastrointestinal prophylaxis when using high dosage non-steroidal anti-inflammatories (NSAIDS) such as prescription strength NSAIDS to prevent gastrointestinal complications. Implications of long term use of these medications should be considered when prescribing. The request was modified given the risks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hydrocodone 10/325mg #30 (DOS 9/3/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with pain and weakness in his low back and lower extremity. The request is for HYDROCODONE/APAP 10/325mg #30. The patient is currently taking Hydrocodone/apap, Naproxen and Pantoprazole. The patient has been utilizing Hydrocodone/apap since at least 02/14/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater documents Analgesia with pain going from 6/10 to 3-4/10. For ADL's, he is able to better tolerate standing and walking with Norco. Adverse effect is

discussed along with urine drug screen as part of Aberrant behavior monitoring. However, the patient's ADL's/functional improvements are inadequately addressed. No specifics are provided other than better tolerance to standing and walking which does not appear significant. No validated instruments are used to show functional improvement and outcome measures are not provided as required by the MTUS. The request IS NOT medically necessary.

**Pantoprazole 20mg #60 (DOS 9/3/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain and weakness in his low back and lower extremity. The request is for PANTOPRAZOLE 20mg #60. The patient is currently taking Hydrocodone/apap, Naproxen and Pantoprazole. The patient has been utilizing Pantoprazole since at least 02/14/14. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the review of the reports does show that the patient has been on Naproxen since 02/14/14. The treater would like the patient to be on Pantoprazole with ?Naproxen which gives him GI side effects.? The treater does not provide a GI risk assessment to show a need for prophylactic use of a PPI. However, given the patient's need for NSAIDs for pain control, with GI side effects, the use of PPI is an option per MTUS. The request IS medically necessary.